

## PERMANENT FULL TIME EMPLOYEES AND PART TIME EMPLOYEES SCHEDULED TO WORK AT LEAST 20 HOURS PER WEEK

PLAN/COVERAGE DESCRIPTION	2019 TOTAL MONTHLY PREMIUM	2019 COUNTY MONTHLY SUBSIDY	2019 EMPLOYEE MONTHLY SHARE
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN A</b>			
Employee on Basic Plan	\$812.06	\$795.82	\$16.24
Employee & 1	\$1,624.10	\$1,591.62	\$32.48
Employee & 2 or more dependents on Basic Plan	\$2,436.18	\$2,387.46	\$48.72
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN B</b>			
Employee on Basic Plan	\$900.19	\$810.18	\$90.01
Employee & 1	\$1,800.37	\$1,620.34	\$180.03
Employee & 2 or more dependents on Basic Plan	\$2,700.56	\$2,430.51	\$270.05
<b>KAISER PERMANENTE - BASIC PLAN A</b>			
Employee on Basic Plan	\$877.30	\$701.84	\$175.46
Employee & 1	\$1,754.60	\$1,403.68	\$350.92
Employee & 2 or more dependents on Basic Plan	\$2,631.90	\$2,105.52	\$526.38
<b>KAISER PERMANENTE - BASIC PLAN B</b>			
Employee on Basic Plan	\$697.28	\$557.83	\$139.45
Employee & 1	\$1,394.56	\$1,115.65	\$278.91
Employee & 2 or more dependents on Basic Plan	\$2,091.84	\$1,673.48	\$418.36
<b>KAISER PERMANENTE - HIGH DEDUCTIBLE PLAN</b>			
Employee on Basic Plan	\$559.68	\$447.75	\$111.93
Employee & 1	\$1,119.36	\$895.49	\$223.87
Employee & 2 or more dependents on Basic Plan	\$1,679.04	\$1,343.24	\$335.80
<b>HEALTH NET HMO PLAN - BASIC PLAN A</b>			
Employee on Basic Plan	\$1,677.56	\$1,342.05	\$335.51
Employee & 1	\$3,355.12	\$2,684.10	\$671.02
Employee & 2 or more dependents on Basic Plan	\$5,032.68	\$4,026.15	\$1,006.53
<b>HEALTH NET HMO PLAN - BASIC PLAN B</b>			
Employee on Basic Plan	\$1,166.55	\$933.24	\$233.31
Employee & 1	\$2,333.10	\$1,866.48	\$466.62
Employee & 2 or more dependents on Basic Plan	\$3,499.65	\$2,799.72	\$699.93
<b>HEALTH NET PPO PLAN - BASIC PLAN A</b>			
Employee on Basic Plan	\$2,340.40	\$1,090.95	\$1,249.45
Employee & 1	\$4,680.80	\$2,208.57	\$2,472.23
Employee & 2 or more dependents on Basic Plan	\$7,021.20	\$3,228.42	\$3,792.78

## PERMANENT FULL TIME EMPLOYEES AND PART TIME EMPLOYEES SCHEDULED TO WORK AT LEAST 20 HOURS PER WEEK

PLAN/COVERAGE DESCRIPTION		2019 TOTAL MONTHLY PREMIUM	2019 COUNTY MONTHLY SUBSIDY	2019 EMPLOYEE MONTHLY SHARE
<b>DELTA DENTAL PREMIER - \$1,800 Annual Maximum</b>				
For CCHP Plans	Employee	\$46.06	\$45.14	\$0.92
	Employee + 1	\$104.04	\$101.96	\$2.08
	Employee + 2 or more	\$104.04	\$101.96	\$2.08
For Health Net Plans	Employee	\$46.06	\$45.14	\$0.92
	Employee + 1	\$104.04	\$101.96	\$2.08
	Employee + 2 or more	\$104.04	\$101.96	\$2.08
For Kaiser Permanente Plans	Employee	\$46.06	\$35.93	\$10.13
	Employee + 1	\$104.04	\$81.15	\$22.89
	Employee + 2 or more	\$104.04	\$81.15	\$22.89
Without a Health Plan	Employee	\$46.06	\$46.05	\$0.01
	Employee + 1	\$104.04	\$104.03	\$0.01
	Employee + 2 or more	\$104.04	\$104.03	\$0.01
<b>DELTA CARE (PMI)</b>				
For CCHP Plans	Employee	\$29.06	\$28.48	\$0.58
	Employee + 1	\$62.81	\$61.55	\$1.26
	Employee + 2 or more	\$62.81	\$61.55	\$1.26
For Health Net Plans	Employee	\$29.06	\$22.67	\$6.39
	Employee + 1	\$62.81	\$48.99	\$13.82
	Employee + 2 or more	\$62.81	\$48.99	\$13.82
For Kaiser Permanente Plans	Employee	\$29.06	\$22.67	\$6.39
	Employee + 1	\$62.81	\$48.99	\$13.82
	Employee + 2 or more	\$62.81	\$48.99	\$13.82
Without a Health Plan	Employee	\$29.06	\$29.05	\$0.01
	Employee + 1	\$62.81	\$62.80	\$0.01
	Employee + 2 or more	\$62.81	\$62.80	\$0.01
<b>VSP VOLUNTARY VISION PLAN</b>				
	Employee	\$10.08	\$0.00	\$10.08
	Employee + 1	\$20.14	\$0.00	\$20.14
	Employee + 2 or more	\$32.44	\$0.00	\$32.44